SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 5. Any false reporting may be referred to the Police for investigation.

 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving

- and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 08/02/2021 12:29 (SGT) Date of Accident 06/02/2021 08:38 (SGT) Exact Location of Accident Singapore Additional Location Information Jalan anak bukit Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number **SLL3330Y**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner AGNES ONG BEE YEN NRIC No S7931735G Email Address AGNESONGBY1@GMAIL.COM Mobile Phone No (Phone) +65-97897076 Alternative Phone No +65-97897076

VEHICLE PARTICULARS

Manufacturer

Model Α3 Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 2100500828-04 Cover Note Number

DRIVER

Name of Driver AGNES ONG BEE YEN NRIC No S7931735G Date Of Birth 13/10/1979 Occupation Indoor

Date Of Driving Pass 29/05/2004 Driving experience 16 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-97897076 Alt. Phone Number +65-97897076 Email Address AGNESONGBY1@GMAIL.COM Address 315B ANG MO KIO STREET 31 Address complement **#16-315 SINGAPORE** Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name kyra lim Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT R2000007064 Circumstances Of Accident I was trying to change lane after exiting PIE. Even though signalling with a while SFQ3361C honk me when i was attempting a change lane. I waited for SFQ3361C to go first then change lane, shortly after changing lane I bump into the back of SFQ3361C due to heavy traffic condition ahead. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SFQ3361C

Vehicle Variant

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-93547270
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-









